Chesterfield County Preservation Committee



9800 Government Center Pkwy P.O. Box 40 Chesterfield, VA 23832-0040

Telephone: (804) 796-7192 Fax: (804) 717-6295 Email: haaschs@chesterfield.gov

	APPLICATION FOR CERTIFICATE OF APPROPRIATENESS	
1 Date:		
Applicant's Name:		
Address	of property for which alterations are proposed:	
Owner o	f Property (if other than applicant):	
Address of Property Owner:		
Telephone Number of Property Owner:		
Signatur	e of Property Owner:	
2 LOCATION INFORMATION		
GPIN Number:		
Date When Original Portion of Structure Built:		
Date(s)	of Subsequent Additions (if any):	
3 TYPE OF ALTERATION REQUESTED		
	New Construction	
	Alteration of Existing Structure(s)	
	Demolition of Existing Structure(s)	
Descript	ion of Proposed Alterations (design, materials, landscaping, etc.)	

APPLICATION FOR CERTIFIC	CATE OF APPROPRIATENESS Page		
4 PERSON OR COMPANY PERFORMING ALTERATION:			
Other Supporting Material: Property Owner's Signature:			
	y to present this application and speak on your the following statement:		
representative in all discussions, me	to serve as my eetings, or transactions related to this cation.		
(Property Owr	ner's Signature)		
If neither you nor a designated representative can attend the Committee's meeting, and if you would like the Secretary of the Preservation Committee to present this application for you, please sign the following statement:			
I authorize the Secretary of the Chesterfield County Preservation Committee to present this application on my behalf. If the Secretary is unable to answer any questions that the Committee may have, I understand that this application may have to be deferred.			
(Property Owner's Signature)			
OFFICE USE ONLY - DO N	NOT WRITE IN THIS SPACE		
Landmark Case Number:	Date Received:		
Meeting Date for Review:			
Granted Condition(s):			
Denied Reason for Denial:			
Signature of Meeting Chair:			
Signature of Secretary:			